



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

COMPUTER AIDED MANUFACTURING TECHNOLOGIES, INC.

138 SOUTH MAIN STREET  
NEWTON, NH 03858

ADDRESS OF PRINCIPAL OFFICE:

138 SOUTH MAIN STREET  
NEWTON, NH 03858

REGISTERED AGENT AND OFFICE:

Iannalfo, Dana J  
138 S Main Street  
Newton, NH 03858

ENTITY TYPE: CORPORATION

BUSINESS ID: 422636

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000 22-566464

MACHINE SHOP

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME: Dana Iannalfo  
STREET: 241 Winter Street  
CITY/STATE/ZIP: Haverhill, MA 01830

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME: Dana Iannalfo  
STREET: 241 Winter Street  
CITY/STATE/ZIP: Haverhill, MA 01830

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

Dana Iannalfo  
NAME

President  
TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03109-0529

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)

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